

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: MCDONNELL DOUGLAS CORP TRACT IV
ATTN: ENVIRONMENTAL MANAGER
5775 CAMPUS PARKWAY
EPA ID NO: HAZELWOOD, MO 63042
EPA ID: MOD000818971 MO ID: 001251



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report



IDENTIFICATION AND
CERTIFICATION

HAZARDOUS WASTE PROGRAM

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Same as label <input type="checkbox"/> or → St. Louis County	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

Sec. II	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)			
B. Number and street name of mailing address P.O. Box 516 Mailcode S111-1099			
C. City, town, village St. Louis		D. State MO	E. Zip Code 63166-0516

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name Haake	First name Joseph	M.I. W.	B. Title Group Manager Environmental Engineering
			C. Telephone Number 314-232-3319 Extension

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name Kury		First name Bryan	M.I. E.
B. Title Manager, Environmental and Hazardous Materials Services			
C. Signature <i>Bryan E. Kury</i>		D. Date of signature 03 25 98 Month Day Year	

BRS data entered
BY E.B. Tri-Cor
ON 7/28/98

QC'd 3/31/99
LBritt, TRI-COR

EPA ID NO. M0D000818971

Sec. V Generator status. Instructions begin on page 8.	
A. 1997 RCRA generator status (CHECK ONE BOX BELOW) <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B)	B. Reason for not generating (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.	
A. Storage subject to RCRA permitting requirements <u>1</u>	B. Treatment, disposal, or recycling subject to RCRA permitting requirements <u>1</u>

Comments:



R00122491

RCRA RECORDS CENTER

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5775 Campus Parkway
Hazelwood, MO 63042

EPA ID NO: **M 0 D 0 0 0 8 1 8 9 7 1**

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FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Contaminated solid waste from cleaning and painting operations.					
B. EPA hazardous waste code (page 12) D 0 0 7 F 0 0 2 F 0 0 3 F 0 0 5 N A			C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) 1 System Type M N A	F. Source code (page 14) A 2 1	G. Point of measurement (p. 14) 4	H. Form code (page 14) B 3 1 9	I. RCRA-radioactive mixed (page 14) 2	

Sec. II	A. Quantity generated in 1997 (page 15) _____ 2 1 2 5 . 0	B. UOM (page 15) 1 Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M _____	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	On-site process system type (page 16) M _____	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M 0 D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) _____ 2 1 2 5 . 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:

Sec. I.H. - Debris containing paint, B406, B407, solvent wipes, B409 solvent wipes

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Sec. I A. Waste description (page 12)

Spent non-halogenated solvent from cleaning and painting operations

B. EPA hazardous waste code (page 12) **D 1 0 1 0 1 1** **D 1 0 1 0 1 7**
D 0 0 8 **D 0 3 5** **F 0 0 3**

C. State hazardous waste code (page 13)

D. SIC code (page 13)
3 7 2 1 1

E. Origin code (page 13) **1**
 System Type **M** **N** **A**

F. Source code (page 14) **A 0 9**

G. Point of measurement (p. 14) **2**

H. Form code (page 14) **B 2 0 3**

I. RCRA-radioactive mixed (page 14) **2**

Sec. II A. Quantity generated in 1997 (page 15)

_____ **2 2 6 5** . **0**

B. UOM (page 15) **1**
 Density _____
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1997 (page 16)

M _____

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1997 (page 16)

M _____

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	M 0 D 0 0 0 8 1 8 9 6 3	M 1 4 1	2	_____ 2 2 6 5 . 0
Site 2	_____ N A	M _____	_____	_____
Site 3	_____ N A	M _____	_____	_____

Comments:

Sec. I.B. - F005

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Spent halogenated and non-halogenated solvent mixture from cleaning and painting operations.					
B. EPA hazardous waste code (page 12) D 0 0 1 D 0 0 7 D 0 3 5 D 0 4 0 F 0 0 2		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) 1 System Type M N A	F. Source code (page 14) A 1 9	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 2 0 4	I. RCRA-radioactive mixed (page 14) 2

Sec. II A. Quantity generated in 1997 (page 15) _____ 1 5 3 5 0		B. UOM (page 15) 1 Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M 0 D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) _____ 1 5 3 5 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) _____

Comments:

Sec. I.B. - F003, F005

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Sec. I A. Waste description (page 12)

Gasoline from the removal of underground storage tanks.

B. EPA hazardous waste code (page 12) **D 0 0 1 D 0 1 8**
☐ **N A** ☐ **N A** ☐ **N A**

C. State hazardous waste code (page 13)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

D. SIC code (page 13) **3 7 2 1**

E. Origin code (page 13) **1**
 System Type **M N A**

F. Source code (page 14) **A 6 1 5**

G. Point of measurement (p. 14) **1**

H. Form code (page 14) **B 2 1 9**

I. RCRA-radioactive mixed (page 14) **2**

Sec. II A. Quantity generated in 1997 (page 15)**1 6 0 2 0 0**

B. UOM (page 15) **1**
 Density ☐ ☐ ☐

☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1997 (page 16)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐**ON-SITE PROCESS SYSTEM 2**

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1997 (page 16)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐**Sec. III** A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	K Y D 0 5 3 3 4 8 1 0 8	M 0 6 1 1	1	1 6 0 2 0 0
Site 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N A	M	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Site 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N A	M	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments:

Sec. I.H. - Gasoline

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EPA ID NO: **M 0 D 0 0 0 8 1 8 9 7 1**

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Residue from water jet cutting of metal					
B. EPA hazardous waste code (page 12) D 0 0 8 N A			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) 1 System Type M N A	F. Source code (page 14) A 4 9	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 3 1 9	I. RCRA-radioactive mixed (page 14) 12

Sec. II A. Quantity generated in 1997 (page 15) 1 3 8 0 0 . 0		B. UOM (page 15) 1 Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M 0 D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) 1 3 8 0 0 . 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:
 Sec. I.F. - Metal Cutting
 Sec. I.H. - Sand and metal residue containing lead

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Sec. I A. Waste description (page 12)
 Small quantities of laboratory chemicals, expired shelf life, and off-specification products.

B. EPA hazardous waste code (page 12) **L A B P N A**

C. State hazardous waste code (page 13)

D. SIC code (page 13)
3 7 2 1

E. Origin code (page 13) **1**
 System Type **M N A**

F. Source code (page 14)
A 5 7

G. Point of measurement (p. 14)
1

H. Form code (page 14)
B 0 0 3

I. RCRA-radioactive mixed (page 14)
2

Sec. II A. Quantity generated in 1997 (page 15)

4 4 0 0

B. UOM (page 15) **1**
 Density **1 1**
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1997 (page 16)

1 1 1 1 1 1 1 1 1 1

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1997 (page 16)

1 1 1 1 1 1 1 1 1 1

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)
M 0 D 0 0 0 8 1 8 9 6 3

C. System type shipped to (p. 17)
M 1 4 1

D. Off-site availability code (page 17)
2

E. Total quantity shipped in 1997 (page 17)
4 4 0 0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)
N A

C. System type shipped to (p. 17)
M

D. Off-site availability code (page 17)
1

E. Total quantity shipped in 1997 (page 17)
1 1 1 1 1 1 1 1 1 1

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)
N A

C. System type shipped to (p. 17)
M

D. Off-site availability code (page 17)
1

E. Total quantity shipped in 1997 (page 17)
1 1 1 1 1 1 1 1 1 1

Comments:

Sec. I.F. - A58

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Sec. I		A. Waste description (page 12) Fluorescent lamps containing mercury.	
B. EPA hazardous waste code (page 12) D 1 0 0 9 N A		C. State hazardous waste code (page 13) _____	
D. SIC code (page 13) 3 7 2 1	E. Origin code (page 13) System Type 1 M N A	F. Source code (page 14) A 9 9	G. Point of measurement (p. 14) 1
		H. Form code (page 14) B 3 1 9	I. RCRA-radioactive mixed (page 14) 2

Sec. II		A. Quantity generated in 1997 (page 15) 6 4 0 4 . 0	
B. UOM (page 15) Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____

Sec. III				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) M 0 D 0 0 0 8 1 8 9 6 3	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 2	E. Total quantity shipped in 1997 (page 17) 6 4 0 4 . 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____ N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:
 Sec. I.F. - Replacement of fluorescent lamps
 Sec. I.H. - Mercury in fluorescent lamps